

12/7/22, 9:00 AM

Park Place Real Estate Management, Inc. Mail - Oxford, OH PCA Inspection - 14 Properties



Tom Kacachos <tkacachos@parkplacerealestate.net>

Oxford, OH PCA Inspection - 14 Properties

Barry, Jon @ Columbus <Jon.Barry@cbre.com>

Wed, Apr 20, 2022 at 12:34 PM

To: "tkacachos@parkplacerealestate.net" <tkacachos@parkplacerealestate.net>

Good afternoon Tom,

I have been asked to conduct the Property Condition Assessments at the 14 properties in the attached document in Oxford, OH. Given the number of properties, I would like to perform my inspections on Thursday, April 28th, at 9am, and then finish any remaining properties on Tuesday, May 2nd, at 9am. Please let me know if the requested dates and times will work to perform the inspections.

During my site visit, I will need access to the following, if applicable:

1. 10% of all units at each complex, including any units that are considered down. This can include vacant units.
2. All interior common areas
3. All site amenities
4. Any commercial spaces
5. All mechanical, electrical, and plumbing systems
6. Fire & Life Safety systems
7. All parking areas
8. Flat roofs, with a form of safe roof access to be provided. Access to pitched roofs is not required.

I have also attached a pre-site visit questionnaire that we ask that someone familiar with the property complete prior to our assessment.

Please let me know if you have any questions.

Regards,

Jonathan M. Barry, P.E. (He/Him)

Senior Property Condition Assessor

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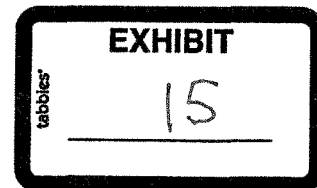
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2 attachments

Property List.pdf
435K



PCA Pre-survey Questionnaire and Doc Review Checklist.pdf
90K





Pre-Survey Questionnaire

Please provide written responses to this questionnaire. For those questions, which are not applicable or if you do not know the answer, please respond with an "N/A" or "U/K", respectively. If you have any questions, please call CBRE or ask the CBRE Project Manager at the time of their site visit. If additional pages for response are necessary, please attach hereto and reference same to the appropriate question number. Upon completion please email back to the sender or return by fax to the above number. **This document along with your written responses will be included as exhibits within our reports.**

Project No.: _____

Name of Property: _____

Address: _____

Age of Property: _____

No. of Units/SFG: _____

Number of
Buildings: _____

Number of Stories: _____

Ownership Entity: _____

Borrower's/Owner's
Representative: _____

Tel: _____

Site Contact: _____

Tel: _____

Cell: _____

PCA Project Manager: _____

Size of Building(s) (SF): _____

Property Management

Co.: _____

Tel: _____

Duration of Current
Management: _____

Prepared and Submitted by: _____

Signature: _____

Date: _____

Date Sent to Recipient: _____

B. PROPERTY DESCRIPTION

1. Land

a. Size of Parcel? _____

Acres

b. Shape of Parcel? _____

Please provide a copy of site survey or site plans, if available.

☐ Rectangular ☐ Irregular ☐ Other

c. Are there any surface waters or wetlands on the site?

Yes ☐ No ☐ U/K ☐

If "Yes," please provide any information as to the size and location of these areas.

d. Has fill been imported onto the Subject?

Yes ☐ No ☐ U/K ☐e. Are there currently or has there previously been
waste treatment or disposal pits, ponds, or lagoons
on the site?Yes ☐ No ☐ U/K ☐

2. Tenant Unit Mix

If **Multifamily Property** - What is the mix of apartment units? What is the occupancy, as a percentage? Are there any "down" units and, if so, how many?

	Studio	1BR	2BR	2BR/2BTH	3BR/2BTH	Other	Other	Other
Number								
Size (SF)								

If **Hospitality Property** – What is mix of the guestrooms provided? Are there any "down" units and, if so, how many?

	King	Double	Double/Double	Suite	ADA Rooms	ADA Rooms w/ Roll-In Showers	Other
Number							
Size (SF)							

If **Retail/Office/Industrial** –What is the tenant's name and size of their space? Are there any "down" units and, if so, how many? Use back of sheet if additional space is required.

Tenant Name	Area (SF)

If **Storage Facility** – Is there a caretaker's living unit on site? Are there any "down" units and, if so, how many? Use back of sheet if additional space is required.

Size	Grade Level	2 nd Floor	3 rd Floor	# Humidity Control	#Temp Control
5x5					
5x10					
5x15					
7.5x10					
10x10					
10x15					
10x20					
10x25					
10x30					
15x20					
15x25					
RV or Boat Storage Spaces					

If **Mobile Home Site** – Number of home pads? How many single-wide type or double-wide type pads?

3. Utilities**a. Providers**

Who provides the following utilities to the Subject?

Utility	Provider
Water:	
Sanitary Sewer:	
Storm Drainage:	
Electric:	
Gas/Oil:	
Steam:	
Chilled Water:	

Are there any problems or tenant complaints regarding the site's drinking water? Yes ☐ No ☐ U/K ☐

To the best of your knowledge, are there any problems with the underground utilities at the Subject, such as leaks, periodic breaks, etc.?

Yes ☐ No ☐ U/K ☐

If yes, please list the problem areas.

b. Septic Systems

Was or is there a septic system on the property?

Yes ☐ No ☐ U/K ☐

If so, is the septic system currently in use?

Yes ☐ No ☐

If "Yes", any problems (explain below)?

Yes ☐ No ☐

What is the date of the last septic tank pumping/cleaning?

c. Stormwater Management and Floor Drains

Is there an underground stormwater retention or detention system?

Yes ☐ No ☐

If "Yes", please provide any information as to its capacity, location, construction and whether it functions as a sediment control basin.

Where is the site's stormwater discharged to? _____

Are there any floor drains on the site?

Yes ☐ No ☐ U/K ☐

If so, where do they discharge to?

d. Wells

Is there a well on the site?

Yes ☐ No ☐ U/K ☐

If so, what type of well is it?:

Drinking Water

☐

Irrigation

☐

Monitoring

☐

Dry Well

☐

Have contaminants in excess of governmental guidelines been identified in the water?

Yes ☐ No ☐

4. Parking

How many parking spaces are available to the site?

	At Grade	Garage	Carport	Off Site	Totals
Standard					
Handicap					
Totals					

5. Roofing System

To the best of your knowledge, is the roof's installer still in business?

Yes ☐ No ☐ U/K ☐

Is the roofing system still under warranty?

Yes ☐ No ☐ U/K ☐

If "Yes", how long is the warranty period and when did it start? _____.

Please provide a copy of the warranty.

6. Sprinklers

Is the building covered by a fire sprinkler system?

Full ☐ Partial ☐

If "Partial", list below what areas are not covered?

7. Elevators

Are the elevators, if any, fitted with a "Firemen's" return?

Yes ☐ No ☐ U/K ☐**8. Building Conditions**

To the best of your knowledge, does the building have any of the following conditions? If so, describe the type and location of the problem and if any repairs or replacements been made within the last three (3) years to alleviate same?

- a. Roof leakage? Yes ☐ No ☐
- b. Exterior facade (including penetrations and windows) water/moisture infiltration problems? Yes ☐ No ☐
- c. Exterior Insulation Finish System ("EIFS") water/moisture infiltration? Yes ☐ No ☐
- d. Structural problems such as excessive floor framing deflection, sidewall or foundation cracks? Yes ☐ No ☐
- e. Cellar/Basement/Crawlspace water/moisture infiltration? Yes ☐ No ☐
- f. Heating capacity, distribution or equipment deficiencies? Yes ☐ No ☐
- g. Domestic hot water capacity, distribution or equipment deficiencies? Yes ☐ No ☐
- h. Air conditioning capacity, distribution or equipment deficiencies? Yes ☐ No ☐
- i. Water treatment system operation, chemical balancing deficiencies, or portions of process piping and equipment NOT protected with a treatment system? Yes ☐ No ☐
Please explain any YES response:
- j. Inadequate domestic water pressure, discolored potable water, or drain line problems? Yes ☐ No ☐

- k. Inadequate electrical capacity or distribution? Yes ☐ No ☐
If "Yes", please state where:
- l. Presence of phenolic roof insulation? Yes ☐ No ☐ U/K ☐
- m. Aluminum branch or distribution wiring? Yes ☐ No ☐ U/K ☐
- n. Polybutylene water supply piping? Yes ☐ No ☐ U/K ☐
- o. Fire retardant treated plywood roof sheathing? Yes ☐ No ☐ U/K ☐
- p. Omega or Star sprinkler heads? Yes ☐ No ☐ U/K ☐
If "Yes", have the Omega heads been replaced prior to January 1, 1999? Yes ☐ No ☐ U/K ☐
- q. Central, Gem or Star sprinkler heads recalled in July 2001? Yes ☐ No ☐ U/K ☐
- r. Galvanized iron or brass water supply piping? Yes ☐ No ☐ U/K ☐
- s. Fire-rated suspended ceiling system? Yes ☐ No ☐ U/K ☐
If "Yes", where?
- t. Chinese drywall? Yes ☐ No ☐ U/K ☐
If "Yes," please detail any remediation efforts below.
- u. Prior design or construction problems, flaws, or lawsuits? Yes ☐ No ☐ U/K ☐
If "Yes," please detail the resolution of same below.

9. Building Repairs in Buyout Phase

Are you in receipt of, or have you solicited, any proposals to perform any repairs or replacement work to the building(s) or any of its components that will exceed an aggregate cost of \$5,000?

Yes ☐ No ☐

If "Yes", please explain:

10. Work Orders

What are the 10 most common work orders related to the Subject?

11. Flooding

Has any portion of the site incurred flooding?

Yes ☐ No ☐

If "Yes", please explain and identify location.

Is any portion of the site located in a flood plain?

Yes ☐ No ☐

12. Capital Improvements

Have there been any additions made to the property?

Yes ☐ No ☐

If "Yes", please explain and identify location and the date of the improvements.

13. Tenant Responsibilities

Please identify the following components or systems where tenants are solely responsible for repair, servicing/maintenance, and replacement under the terms of their lease:

- a. Domestic Hot Water Heaters ☐
- b. Rooftop Air Conditioning Units ☐
- c. Air-cooled DX Condensers/Compressors ☐
- d. Kitchen Equipment ☐
- e. Ballroom/Meeting Room Furnishings ☐
- f. Other _____

14. Building System Replacement Status

Please fill-out the following schedule as to the replacement status of the stated components, equipment or systems, which are applicable to the Subject:

Item or System	Approximate Quantity Replaced To Date	Quantity or \$ for Historical Replacements			Average Unit Cost For Replacement or Total Cost Incurred or Contract Amount
		2019	2020	2021	
Asphalt Pavement Sealant					\$ /SY
Asphalt Pavement Overlay/Repairs					\$ /SY
Roofing					\$ /SF or \$ /Bldg
Exterior Painting					\$ /Bldg.
Deck/Balcony Re-construction					\$ /Deck
Galvanized Iron or Brass Water Piping					
Through-wall A/C Units					\$ /Each
A/C Compressors					\$ /Each
A/C DX Condensers					
Rooftop Package Units (HVAC)					\$ /Each
Heat Pump Units					\$ /Each
Fan Coil Units (HVAC)					\$ /Each
Package Terminal A/C (PTAC)					\$ /Each
Chillers					\$ /Each
Cooling Towers					\$ /Each
Air Handling Units					\$ /Each
Individual Unit Furnaces					\$ /Each
Central Boiler					\$ /Each
Oil/Gas Burner(s)					\$ /Each
Indiv. Domestic Hot Water Heaters					\$ /Each
Central Domestic Hot Water Heaters					\$ /Each
Kitchen Equipment					\$ /Each
Laundry Equipment					\$ /Each
Swimming Pool Re-surfacing					\$ /Pool \$ /Each
Swimming Pool Pump Equipment					\$ /Sys.
Swimming Pool Filtering Equipment					\$ /Pool
Tennis Court Re-Surfacing & Markings					\$ /Court

Please identify capital improvements that are typically performed by property management and not subcontracted such as: replacement of domestic hot water heaters, replacement of air conditioning compressors, etc.

C. AMERICANS WITH DISABILITIES ACT (ADA)

1. Have any ADA related improvements been made to the property?
If "Yes," please identify the improvements. Yes ☐ No ☐
2. Are there any ADA Kits/Boxes used to meet ADA requirements?
If "Yes," how many? Yes ☐ No ☐